

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18447**

FILED JUL 1 - 1955

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Fayette</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY OR TOWN <u>Columbia</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>908 Walnut St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>WOODS</u> c. (Last) <u>FERRIL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 26, 1897</u>	
9. AGE (In years last birthday) <u>57</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 15 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mgr. of Columbia Sand & Towing Co.</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Hiram Overton Ferril</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Batye</u>		14. NAME OF HUSBAND OR WIFE <u>Amy Burt Ferril</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Robert W. Ferril, Columbia, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>July 50</u> , to <u>June 14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 14</u> , 19 <u>55</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. J. Shum Jr M.D.</u>		(Degree or title)		23b. ADDRESS <u>Lee Hospital, Fayette, Mo</u>		23c. DATE SIGNED <u>6-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-17-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Humansville, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>6-16-55</u>		REGISTRAR'S SIGNATURE <u>Mary L. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parsons Funeral Service, Columbia Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....41

P. O. Address.....Columb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.